2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# F03199

Entity Name: NORTH BREVARD INSURANCE UNDERWRITERS, INC.

Current Principal Place of Business:

1210 S WASHINGTON AVE
TITUSVILLE, FL 32780

New Principal Place of Business:

1210 S WASHINGTON AVE
TITUSVILLE, FL 32780

Current Mailing Address:

1210 S WASHINGTON AVE
TITUSVILLE, FL 32780

New Mailing Address:

1210 S WASHINGTON AVE
TITUSVILLE, FL 32780

FEI Number: 59-2043762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWELL ENLOW
1210 S. WASHINGTON AVE.
TITUSVILLE, FL 32780

Name and Address of New Registered Agent:

ENLOW, LOWELL M
1210 S. WASHINGTON AVE.
TITUSVILLE, FL 32780

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LOWELL M ENLOW 01/07/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ENLOW, LOWELL M,
Address: 415 MONTREAL WAY
City-St-Zip: ROCKLEDGE, FL

Title: S ( ) Delete
Name: ENLOW, BOBBIE,
Address: 415 MONTREAL WAY
City-St-Zip: ROCKLEDGE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ENLOW, LOWELL M PRESIDE
Address: 413 MONTREAL WAY
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: S (X) Change ( ) Addition
Name: ENLOW, BARBARA A SECRETA
Address: 413 MONTREAL WAY
City-St-Zip: ROCKLEDGE, FL 32955 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOWELL M. ENLOW PRES 01/07/2004
Electronic Signature of Signing Officer or Director Date